

Insurance Express Check Out Form

Patient's Name:		
Address:		
City:	Province	Postal Code
Telephone:	Alt. Telephone	Email:

IMPORTANT INFORMATION REGARDING DENTAL INSURANCE PLANS & PAYMENT OPTIONS

Many new rules and guidelines have been enacted by our dental governing bodies and the government health care departments that directly affect your dental care delivery system. With the introduction of the Privacy Act and the diversity of dental packages, and the changes occurring in the economy, it has become difficult to estimate what your insurance company will contribute to your care.

Our commitment to you is to provide the best possible oral health care that is customized to your individual needs. Our time must be directed toward treating your clinical needs and helping you to maintain our health. We do realize, however, you may need assistance to receive fair treatment from your insurance company and to receive the benefits you are entitled to and have already paid for.

The Ontario Dental Association has always supported the view that the confidentiality of the doctor-patient relationship is independent and free from interference by a third party which may result in a diminished ability for you to receive the dental care you may need. For this reason, the Ontario Dental Association recommends we do not accept payments from insurance claims direct from your insurance carrier. Instead the ODA encourages you to deal directly with your insurance company to receive reimbursement for any coverage.

Please be aware that most insurance companies will no longer allow you to assign your benefit to your dental care provider. What this means is that your insurance company will pay the benefit to you only.

To assist you with your dental benefits, Yonge-Wellington Dental would like to offer you the following payment options:

- ☐ **Option 1: - Fee for Service**
- This option allows you to be in control of your insurance benefits, by paying in full at each appointment for treatment and being reimbursed directly by your insurance company. This will enable you to keep personal records of all dental transactions, all insurance reimbursements, track maximum allowable benefits and you will be more aware of what your plan does or does not contribute toward your care. You will not have to worry about outstanding account balances with us. You will receive reimbursement from your insurance company within just a few days.
- ☐ **Option 2: VIP Express Checkout**
- Our VIP Express Checkout Program allows us to continue offer you the convenience of using your insurance plan as a form of direct payment. Please complete the information below. It will be kept confidential and used only under the agreed terms.

PATIENT AGREEMENT – VIP Checkout

I agree to the financial responsibility for the Out of Pocket Portion and balance that is not covered by my insurance benefits. I understand that the doctor will provide treatment to me based on my clinical needs and not on my insurance benefits.

I _____ authorize _____ to keep my signature on file and to issue a debit memo to my credit card account for any under payment once my insurance portion has been received. I will be notified by phone or mail if any charge or credit is in excess of \$100.00. I give my permission for any claim not paid by my insurance company within 30 days, to be automatically put through my credit card. A receipt for this transaction will be mailed with a paid statement.

PAYMENT METHOD		
VISA	MASTERCARD	
CARD#	EXP.	SECURITY ID
Name on card		
Signature of Patient		Date

